

## 2005 Data Specifications for Case Management

Field	Data Type, Codes, and Maximum Length	Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency. Nine digits maximum. No slashes or dashes.
SSN	text - 9 characters	55511333
Last Name	text - 20 characters	Smith
First Name	text - 15 characters	Jonathan
Middle Name	text - 15 characters	William
Street Address	text - 255 characters	511 15th Avenue S
City	text - 35 characters	Federal Way
Zip Code	text - 9 characters	981043232
Date of birth	Date	Example: 1/30/1928
Ethnicity	integer	Description:
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	5	Hispanic/Latino
	6	White
	7	Other
	8	Multi-Racial
Income	integer	Description:
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Description:
	U	Unknown
	Y	Yes
	N	No
Gender	text	Description:
	U	Unknown
	F	Female
	M	Male
	O	Other
Limited English	text	Description:
	U	Unknown
	Y	YES
	N	NO
Household with Children	text	Description:
	U	Unknown
	Y	YES
	N	NO
Single Parent	text	Description:
	U	Unknown
	Y	YES
	N	NO
Disability Status	Text	Description:
	U	Unknown
	Y	YES
	N	NO
Refugee Status	Text	Description:

## 2005 Data Specifications for Case Management

Field	Data Type, Codes, and Maximum Length	Description/Example
	U	Unknown
	Y	YES
	N	NO
Homeless	Text	Description:
	U	Unknown
	Y	YES
	N	NO
Unincorporated	Text	Does the client live in unincorporated King County (outside of any city limits)?
	U	Unknown
	Y	YES
	N	NO
Service Month	Date	Example: 1/1/2002
Units Provided	integer	# of cases during the service month for this fund source
Fund Source	Integer	Fund Source billed for case provided. If a client has 2 fund sources, use a separate row for each.
	1	Chore
	2	COPES
	3	Medicaid Personal Care (MPC)
	4	Discretionary
	5	Seattle Housing Authority (SHA)
	6	Respite
	8	Intensive Case Management (ICM)
	10	Adult Day Health (ADH)
	11	Medically Needy In Home Waiver (MNIHW)

- If a client has units provided by multiple fund sources, use a separate row for each fund source.
- Report the open cases for each month. If a case is open, a row for the client should appear for that service month. Units provided will probably always be 1 for CM. Both Excel and delimited files accepted (\*.xls or \*.txt).
- Text files can be delimited by comma, tab, or semi-colon.
- Field names must be at the top of each column and must exactly match those in the data specifications.
- Fields can be in any order – not required to use order in specs, with the exception of Client ID which should be the first column.

### Reminders

- Please encrypt all files that contain confidential client information.
- Encrypted data files should be sent directly to [AdsReports@ci.seattle.wa.us](mailto:AdsReports@ci.seattle.wa.us)
- Data files with errors will be sent back for corrections
- Files are due by the 10<sup>th</sup> working day of the month.
- Please use a unique name for each file that clearly identifies both the provider and the service month. Agencies that prefer to keep each month as a separate worksheet in one workbook can continue to do so. Keep the same file name, but please clearly identify the worksheet using the service month.
- Please use 4 digit years

## 2005 Data Specifications for Case Management

### Sample Comma Delimited File:

Client ID,SSN,Last Name,First Name,Middle Name,Street Address,City,Zip code,Date of Birth,Ethnicity,Income,Live Alone,Gender,Limited English ,Household with Children,Single parent,Refugee Status,Disability Status,Homeless,Service Month,Units Provided,Fund Source

718,553441212,Lesser,George,The,1414 main  
st,Bellevue,98004,5/2/1907,4,2,y,m,n,n,y,n,n,1/1/2002,1,4  
817,,Domingo,Placido,,7 Highland  
Dr,Seattle,98102,6/3/1934,7,4,n,m,y,u,u,n,y,n,1/1/2002,1,5  
288,734219788,Pokemon,Pika,Chu,78 Marketing  
Ln,Auburn,98001,12/12/1912,8,0,u,o,y,y,y,u,y,n,1/1/2002,1,5